Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY	Attorney Docket No.	STL 3244
PATENT APPLICATION	First Inventor	Jeffry Arnold LeBlanc
TRANSMITTAL	Title Hydraulic Compensati Bearing Motor	ion for Magnetically Biased Fluid Dynamic
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Express Mail Label No.	EV 323 863 719 US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop: Box Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1.	Computer Prog 8. Nucleotide and/or A (if applicable, all ne a.	O-R in duplicate, large table or gram (Appendix) Amino Acid Sequence Submission cessary) adable Form (CRF) uence Listing on: CD-R (2 copies); or erifying identity of above copies NYING APPLICATIONS PARTS Papers (cover sheet & document(s)) 73(b) Statemer Power of is an assignee) Attorney slation Document (if applicable) Disclosure CS)/PTO- Copies of IDS Citations Amendment ipt Postcard (MPEP 503) pecifically itemized) by of Priority Document(s) iority is claimed) I Certification under 35 U.S.C. 122 Applicant must attach form PTO/SB/35
	oart (CIP) of prior Group / re of prior application, from w g or divisional application and	application No:// Art Unit: hich an oath or declaration is supplied is hereby incorporated by reference. the submitted application parts.
☐ Customer Number or Bar Code Label (Insert Customer No. or	Attach bar code label here)	or Correspondence address below
Name		The same of the sa
Address		
City State	. Z	ip Code
Country Telephone		Fax
Name (Print/Type) James A. Sheridan Reg	gistration No. (Attorney/Agen	et) 25,435
Signature Amus A Shruck	De	6. 23·03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Box Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CEE TO AMORAITTAL	Complete if Known					
FEE TRANSMITTAL	Application Number	Unassigned				
for FY 2002	Filing Date	Herewith				
	First Named Inventor	Jeffry Arnold LeBlanc				
Patent fees are subject to annual revision.	Examiner Name	Unassigned				
	Group / Art Unit	Unassigned				
TOTAL AMOUNT OF PAYMENT (\$) 790	Attorney Docket No.	STL 3244				

TOTAL AMOU	NT OF PAYN	MENT (\$)	790		Attorne	ey Docke	t No.	STL	3244	
MET	HOD OF PAYM	ENT (check all t	hat apply)					FEE C	ALCULATION (continued)	
				,	3. ADD	ITIONAL	FEES			
☐ Check ☐ Cr	edit card	Money Ot Order	her None	•.		Large Entity		Small Entity		
☑ Deposit Accour	nt:	Oldel			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit	 	* * * * * * * * * * * * * * * * * * *			105	130	205	65	Surcharge - late filing fee or oath	
Account Number	20-0782/STL 3	244		. :	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Danneit	<u> </u>		······································		139	130	139	130	Non-English specification	
Deposit Account	Moser, Patterse	on & Sheridan, LLi	P		147	2,520	147	2,520	For filing a request for reexamination	
Name			· · · · · · · · · · · · · · · · · · ·		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
The Commissione ☑ Charge fee(s) in	idicated below	☑ Credit any	overpayments		.113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
☐ Charge any add			ncy of this application	n	115	110	215	55	Extension for reply within first month	****
to the above-identif	fied deposit acc	count.			116	400	216	200	Extension for reply within second month	
· ·	FEE C	ALCULATION	• ************************************		117 .	920	217	460	Extension for reply within third month	
1. BASIC FILL Large Entity S	NG FEE mall Entity	•			118	1,440	. 218	720	Extension for reply within fourth month	
. 🕂	ee Fee	Fee Description		٠	128	1,960	228	980	Extension for reply within fifth month	
Code (\$) C	ode (\$) :		Fee Paid	_	119	320	219	160	Notice of Appeal	
101 740 20	01 370	Utility filing fee	750		120	320	220	160	Filing a brief in support of an appeal	- · · · · · · · ·
106 330 20	06 165	Design filing fee		- 12	121	. 280	221	140	Request for oral hearing	
	07 255 08 370	Plant filing fee Reissue filing fee	e	-	138	1,510	138	1,510	Petition to institute a public use proceeding	
114 160 21	14 80	Provisional filling	fee	. T	140	110	240	55	Petition to revive – unavoidable	
`			<u> </u>	<u>-</u> -	141	1,280	241	640	Petition to revive – unintentional	
	SUBTOTA	L (1)	(\$) 750		142	1,280	242	640	Utility issue fee (or reissue)	
2. EXTRA CLAIM	FEES	TO VERSION THE TOTAL TOT			143	460	243	230	Design issue fee	
		Extra F	ee from Fee		144	620	244	310	Plant issue fee	
Total Claims Fac			elow Paid	1	122	130	122	130	Petitions to the Commissioner	
Total Claims 20	-20 ** =	0 X	= 0	_	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
Independent Claims 3	-3 ** =	0 X	= 0] .	126	180	126	180	Submission of Information Disclosure Stmt	
Multiple Dependent		x [= 0		581	40	581	40	Recording each patent assignment per property (times number of properties)	40
Fee Fee	Small Entit	Fee Descrint	ion		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
``'	Code (\$)		• .		149	740	249	370	For each additional invention to be	
	203 9 202 42	Claims in exc	*						examined (37 CFR § 1.129(b))	
· ·	202 42	-	claims in excess of 3 ndent claim, if not paid	1	179	740	279	370	Request for Continued Examination (RCE)	
	209 42		dependent claims over		169	900	169	900	Request for expedited examination	
110 18	210 9	- .	aims in excess of 20 ar	nd	·.			٠.	of a design application	
	, S	UBTOTAL (2)	(\$)_0	_	Other fe	e (specify	/)	-		
**or number previ	ously paid, if o	reater: For Reis	sues, see above	. .	*Reduc	ed by Ba	sic Filin	g Fee Pa	eid SUBTOTAL (3) (\$) 40	
	1 1 7 P P P P P P P P P P P P P P P P P		,;;					•		

SUBMITTED BY		The state of the s		C	Complete (if applicable)		
Name (Print/Type)	James A. Sheridan	Registration No. Attorney/Agent)	25,435	Telephone	650-330-2310		
Signature	ann A	Shinda	_	Date	6.23.03		